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K2301021

CSA-5875

OMB No.: 2126-0006 Expiration Date: 12/31/2024

Name: DRLOFF First Name: ERICK DOB: 2/13/1967 Exam Date: 2/16/2022

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

This section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

Does not meet standards (specify reason): _____

Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)

Determination pending (specify reason): _____

☐ Return to medical exam office for follow-up on (must be 45 days or less): _____☐ Medical Examination Report amended (specify reason): _____

(if amended) Medical Examiner's Signature: _____ Date: _____

Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge and belief, it is true and correct.

Medical Examiner's Signature: Ron Cottrell, DC, CCSP**FMCSA Medical Examiner**Medical Examiner's Name (please print or type): Ron Cottrell, DCMedical Examiner's Address: 1680 S Melrose Drive, Suite 105City: VistaState: CA ☒ Zip Code: 92081Medical Examiner's Telephone Number: (760) 599-4900Date Certificate Signed: 2-16-22Medical Examiner's State License, Certificate, or Registration Number: 26038Issuing State: CA ☒☐ MD ☐ DO ☐ Physician Assistant ☒ Chiropractor ☐ Advanced Practice Nurse☐ Other Practitioner (specify): _____National Registry Number: 1881233068Medical Examiner's Certificate Expiration Date: 2-16-24